

Name
in
Full

Wm W. Alexander (Copy)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Oct	23	Age	75		
Sex	Male		Color or Race	White		Birth-place	Port Kent
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Elizabeth Alexander				
Father's Name	Wm W. Alexander				Father's Birthplace	Port Kent	
Mother's Maiden Name	Doest Kent				Mother's Birthplace	Port Kent	
Name of person giving information	H. R. Bayner				How related to deceased	Physician	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	
Immediate	was complications	How long	4-5
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. R. Bayner	
		Address Asakent	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name of Deceased *Infant Child of John Bitzel*

Died at *McHenry* ^{Town} *Garnett* ^{County}

Date of death *1907* ^{Month} *Oct* ^{Day} *29* ^{Age} *7* ^{Years} *7* ^{Months} *7* ^{Days}

Sex *Female* Color or Race *White* Birth-place *McHenry*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *John Bitzel* Father's Birthplace *McHenry Md*

Mother's Maiden Name *Rosie Stork* Mother's Birthplace *Bething Md*

Name of person giving information *Lewis Bitzel* How related to deceased *Uncle*

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary *malformation* How long _____

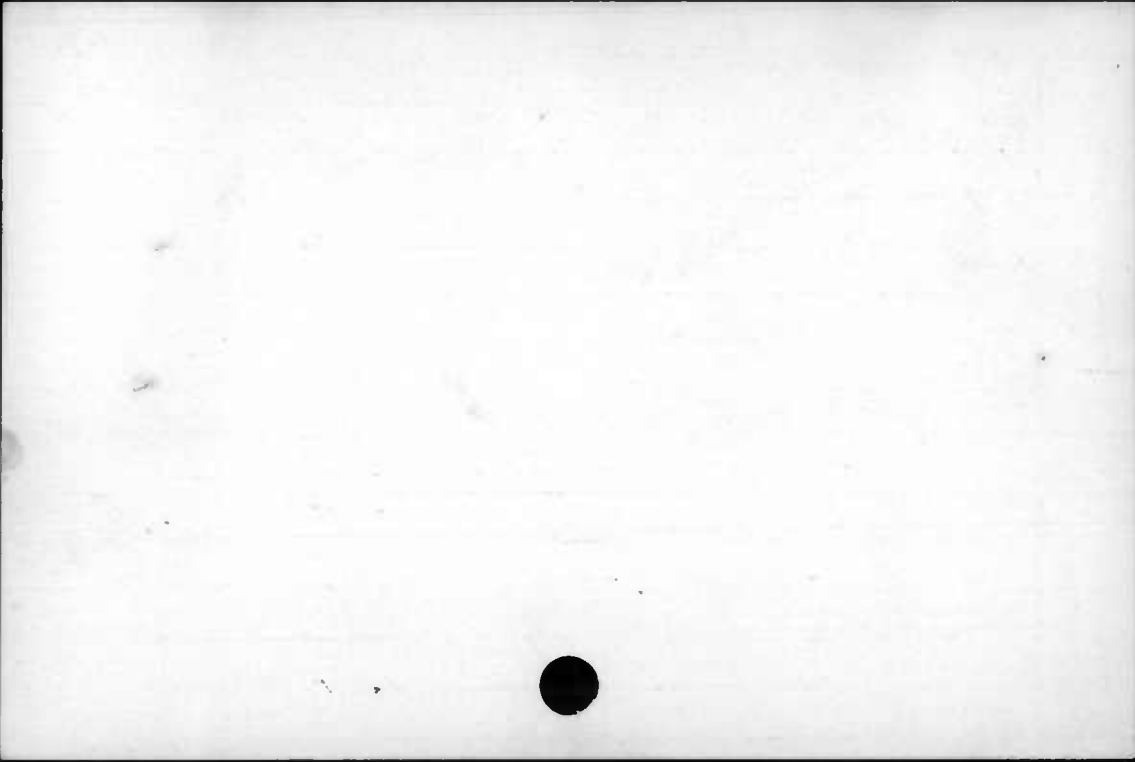
Immediate *malformation* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. R. Boyer MD*

Address *Accident Md*

Accident or Suicide? _____



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CERTIFICATE OF DEATH

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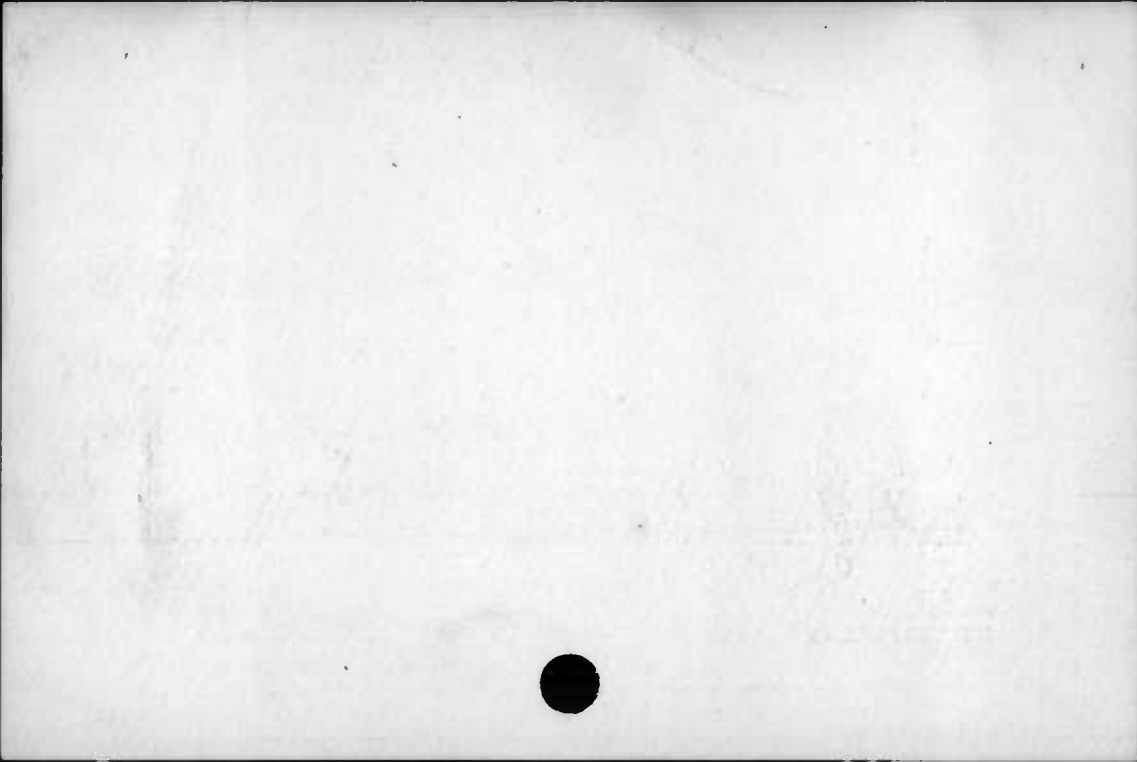
Name <i>Mahale Durst</i>		Town <i>New Germany</i>		County <i>Garrett</i>		MARYLAND	
Died at		Month <i>Oct</i>		Day <i>4th</i>		Years <i>82</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>William Durst</i>					
Father's Name <i>Broadwater</i>		Father's Birthplace <i>Paup. Penn.</i>					
Mother's Maiden Name		Mother's Birthplace <i>Paup. Penn.</i>					
Name of person giving information <i>James Durst</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>long</i>
Immediate <i>Dropsy</i>	How long <i>six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. R. L. Bowen</i>
	Address <i>Grantville Md.</i>
Accident or Suicide?	



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CERTIFICATE OF DEATH

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Died at <i>Delbysport</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct</i>	Day	<i>15</i>
		Age	<i>70</i>	Years	<i>1</i>
		Months	<i>23</i>	Days	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>House work</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Denis Groves</i>		
Father's Name	<i>Wm Ras</i>		Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Palley</i>		Mother's Birthplace		
Name of person giving information	<i>Steven Groves</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>10 days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. Mason</i>
		Address	<i>Friendeville md.</i>
Accident or Suicide?	<i>—</i>		

Steel cemetery

Name
in
Full

Wm Home

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

near Town
Died at Selby'sportCounty
GarretDate
of death 1907Month
OctDay
9

Age

Years
2Months
5Days
14Sex
MaleColor or
Race WhiteBirth-
place Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm. H. Home

Father's
Birthplace

Md

Mother's
Maiden Name

Laura S. Davis

Mother's
Birthplace

Md

Name of person giving
Information

Wm. H. Home

How related
to deceased

Father

CAUSES OF DEATH

47

Primary

Inflammatory Rheumatism

How long

5 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

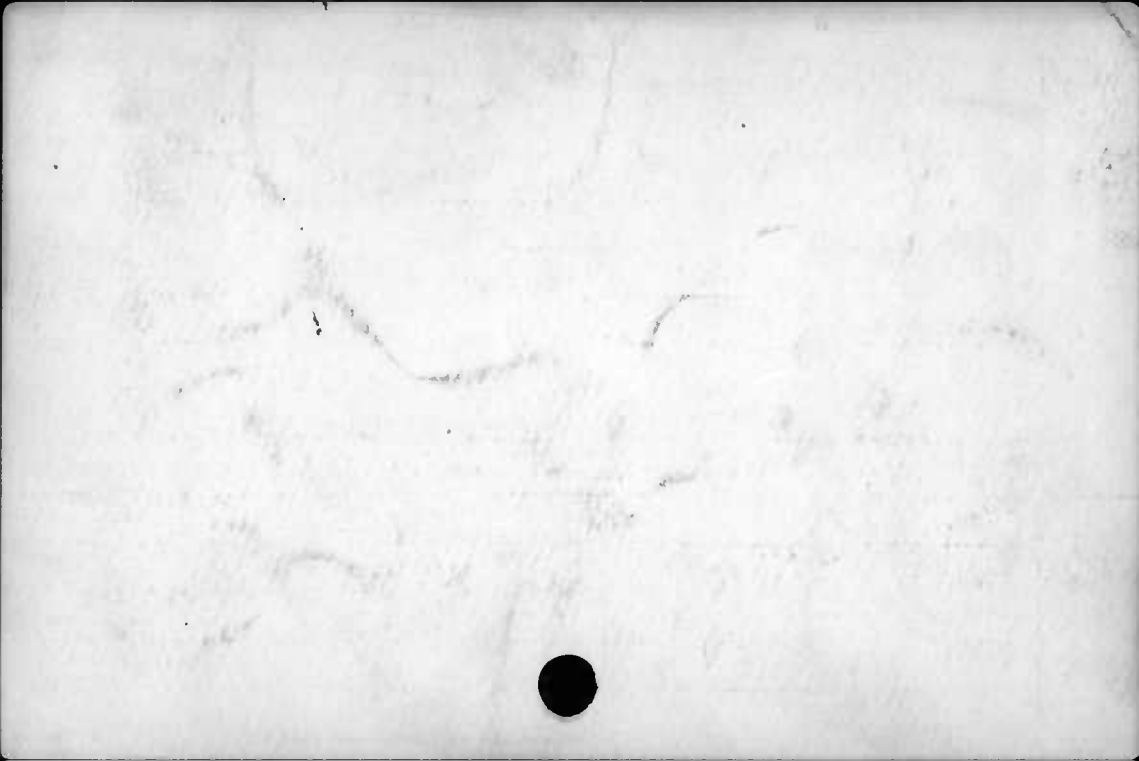
Address

A. J. Mason, M.D.
Frederickville,
Md.

Accident or Suicide?

Hayes

Name in Full		Town				County		CERTIFICATE OF DEATH			
Mrs. Frank Mayle						Garrett		MARYLAND			
Died at		Date of death		Month	Day	Age	Years	Months	Days		
1907		10		17		52					
Sex		Color or Race		Birth-place							
Female		white		Garrett County							
Occupation		Where Residing if not at place of death									
Homes wife		at - place of death									
Married, Single or Widowed		Name of Wife or Husband									
Married		James Franklin Mayle									
Father's Name		Fether's Birthplace									
William Wiley Mayle		W. Va									
Mother's Maiden Name		Mother's Birthplace									
Alcinaa Wiest		W. Va									
Name of person giving information		How related to deceased									
J. H. Mayle		Husband									
CAUSES OF DEATH											
Primary		How long									
Enteric Fever		Three weeks									
Immediate		How long									
Hemorrhage from bowel											
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address							
yes		H. W. Thomas		Oakland, Maryland							
Accident or Suicide?											



Name
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Full

Benjamin F. Shaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Mason School House ^{County} Garrett

MARYLAND

Date of death 1907 ^{Month} October ^{Day} 2 ^{Age} 67 ^{Years} 5 ^{Months} 16 ^{Days}

Sex Male Color or Race white Birth-place Alleghany County

Occupation Farmer Where Residing if not at place of death near Mason School House

Married, Single or Widowed Name of Wife or Husband Maria

Father's Name Adam Shaffer

Father's Birthplace Alleghany City

Mother's Maiden Name Catherine Beard

Mother's Birthplace Alleghany City

Name of person giving information

How related to deceased

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Mitral insufficiency

How long Three or 4 years

Immediate Rheumatism and osseous

How long Six months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Gilbert Selby
Eglen W Va

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} at <i>near</i>		Town <i>Swman</i>		County <i>Garrett</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>31</i>	Age	Years <i>5</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>work on a farm</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>H. R. Sister</i>					Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Lydia A. Beagley</i>					Mother's Birthplace	<i>W. Va</i>
Name of person giving information	<i>H. R. Sister</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>1 wk</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. J. Mason, M.D.</i>
		Address	<i>Friendsville Md.</i>
Accident or Suicide?			

Sisler cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Ronald Thrasher		Town Oakland		County Garrett		State MARYLAND	
Died at		Date of death 1907		Age Six		Months one Days 21	
Sex male		Color or Race White		Birth-place Oakland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name William Thrasher		Father's Birthplace Deer Park					
Mother's Maiden Name Nettie Longbridge		Mother's Birthplace Oakland					
Name of person giving information Zevelah Longbridge		How related to deceased Aunt					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Heart disease	How long see his life
Immediate Pneumonia	How long several
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. C. Humberbaugh
	Address Oakland Md
Accident or Suicide? <input checked="" type="checkbox"/>	

1



Name
In
Full

Howard Wiley

CERTIFICATE OF DEATH

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NEAREST FRIEND

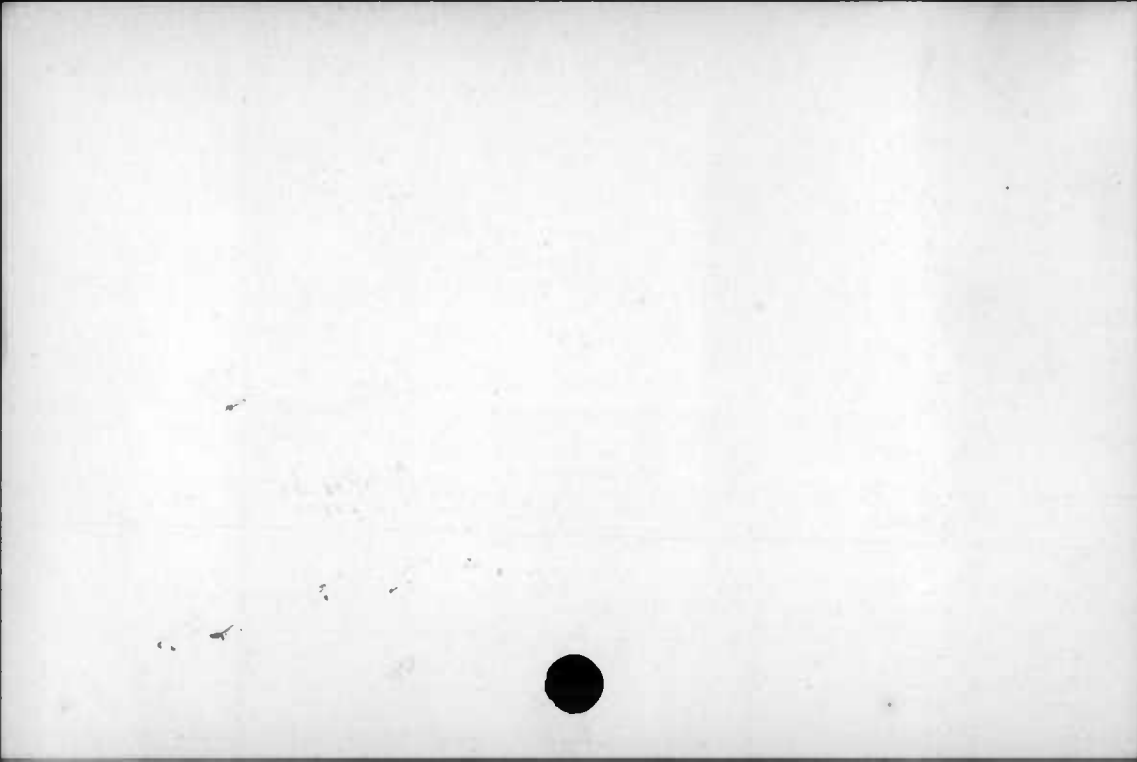
Died at <i>Bittinger</i> <small>Town</small>		<i>Garrett</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	<i>Oct.</i> <small>Month</small>	<i>6th</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>6</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bittinger</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>George L. Wiley</i>			Father's Birthplace <i>Bittinger, Md.</i>		
Mother's Maiden Name <i>Margaret Rose</i>			Mother's Birthplace <i>Accident "</i>		
Name of person giving information <i>Jacob Fazenbaker</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>unknown</i>	How long	<i>one day</i>
Immediate	<i>unknown</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Peter Nathan</i>	
		Address <i>Sub-Registrar</i>	
		<i>Franklin, Md.</i>	
Accident or Suicide?			



Name
in
Full

Althra P. Yarnum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 1907	Oct.	20	one	nine	one		
Sex	Female		Color or Race	White		Birth-place	Jennings
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
George Yarnum				Greenville Ind.			
Mother's Maiden Name				Mother's Birthplace			
Ida Biddinger				Biddinger Ind.			
Name of person giving information				How related to deceased			
L. B. Miller				—			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	7 days
Immediate	Cholera infantum	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		B. H. Briscoe M.D.	
		Address	
		Greenville Ind.	
Accident or Suicide?			
neither			

